

**County of Los Angeles Department of Mental Health  
CIOB - Data Warehouse and Reporting Unit**

**Legal Entity Data Extract Request Form**

**Please Print All Information**

**Request**

1. To request an account for (S.I.F.T.) Secure Internet File Transfer, please complete this form and return it to the Data Warehousing and Reporting Unit, Attn: Allen Fernandez, at Fax (213)252-8744.
2. Please have the C.E.O. of your Contract Agency sign this form for authorization
3. Also, please make sure to have an e-mail address listed on the form in order to continue with the process of your request.

**Employee Information**

Fulltime Employee ☐

Other (Consultant, Software Vender, etc.) ☐

Employee: Name: \_\_\_\_\_ Date: \_\_\_\_\_

Legal Entity Number: \_\_\_\_\_ Legal Entity Name: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**Authorization**

Chief Executive Officer: \_\_\_\_\_

Signature: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Comments:

**For Data Warehouse and Reporting Unit**

Date: \_\_\_\_\_ Assigned To: \_\_\_\_\_

Manager/Supervisor: \_\_\_\_\_ Date of Completion: \_\_\_\_\_